

**Jeffries, Dawn (DEQ)**

---

**From:** Jeffries, Dawn (DEQ)  
**Sent:** Friday, July 08, 2011 9:45 AM  
**To:** 'TRAVIS THOMPSON'  
**Subject:** Endless Caverns STP, VPDES Permit No. VA0071846, Rockingham County

Dear Mr. Thompson:

Your application has been reviewed and appears to be complete. The next steps involve assembling the information necessary to develop the permit limitations and then drafting the permit. Once the draft permit is prepared and the appropriate reviews are performed, I will transmit the draft permit and supporting documentation to you for review. I expect to have this draft permit package to you within the next 2 weeks.

The Department of Environmental Quality strives to complete the permitting process in a timely manner. If you have any questions about our procedures or the status of your draft permit, please do not hesitate to contact us.

Sincerely,

Dawn Jeffries  
Environmental Engineer  
DEQ-Valley Regional Office  
P.O. Box 3000  
Harrisonburg, Virginia 22801  
Ph. 540-574-7898  
[Dawn.Jeffries@deq.virginia.gov](mailto:Dawn.Jeffries@deq.virginia.gov)

**MEMORANDUM**

**DEPARTMENT OF ENVIRONMENTAL QUALITY**

**VALLEY REGIONAL OFFICE**

4411 Early Road - P.O. Box 3000

Harrisonburg, VA 22801

SUBJECT: Application Errata for VPDES Permit No. VA0071846, Endless Caverns STP,  
Rockingham County

TO: PP File

FROM: Dawn Jeffries

DATE: July 6, 2011

The following deficiencies were noted in the subject permit reissuance application:

Sewage Sludge Application Form

Items A.1.d, A.5, A.6, A.7, B.6.b, and B.10 were deficient and corrected by Travis Thompson during the 7/6/11 site visit. Additionally, the VPDES permit number at the top of each page was corrected as needed.

Form 2A

Items A.2, A.3, A.4, A.6, A.8.e, A.9, and A.11 were deficient and corrected by Travis Thompson during the 7/6/11 site visit. Additionally, the application was signed by the applicant during the 7/6/11 site visit.

Item A.10 was not completed, but this information is available at the DEQ office.

Application Addendum

Items 1, 3, 4, 5, 6, and 8 were deficient and corrected by Travis Thompson during the 7/6/11 site visit.

The deficiencies noted are insignificant and will not affect the preparation of a legally and technically defensible draft permit.

Reviewer Concurrence: \_\_\_\_\_

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Endless Carwax LLC  
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? Y / (N)  
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.

3. What is the tax map parcel number for the land where this facility is located? 54(A)63

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 2.5 ACRES

5. ALL FACILITIES: What is the design average flow of this facility? 0.039 MGD  
Industrial facilities: What is the max. 30-day avg. production level (include units)? 0.039

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y / (N)

If "Yes", please specify the other flow tiers (in MGD) or production levels: 0.01 0.02 0.03 MGD  
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. Nature of operations generating wastewater:

Domestic wastewater from rv park and townships to connect

100 % of flow from domestic connections/sources

Number of private residences to be served by the wastewater treatment facilities: X 0    1-49    50 or more

100 % of flow from non-domestic connections/sources

7. Mode of discharge:    Continuous    Intermittent X Seasonal  
Describe frequency and duration of intermittent or seasonal discharges:

Seasonal use limited to winter months

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

- X Permanent stream, never dry  
   Intermittent stream, usually flowing, sometimes dry  
X Ephemeral stream, wet-weather flow, often dry  
   Effluent-dependent stream, usually or always dry  
   Lake or pond at or below the discharge point  
   Other:

9. Approval Date(s):

O & M Manual June 7, 2006 Sludge/Solids Management Plan   

Have there been any changes in your operations or procedures since the above approval dates? Y / (N)

10. Date that a copy of the application was sent to the Virginia Department of Health? NA

Too restrictive made July 6, 2011. Z-66

FACILITY NAME: Cadmus Corp

VPDES PERMIT NUMBER: VA0071846 10

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?  
☐ Yes ☒ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☒ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

FACILITY NAME: Endless Gains

VPDES PERMIT NUMBER: VA0071846

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

- a. Facility name: Endless Gains
- b. Contact person: [Signature]  
Title: [Signature]  
Phone: ( ) 404-200-3000
- c. Mailing address:  
Street or P.O. Box: 1800 Endless Gains Rd  
City or Town: Blue Creek State: VA Zip: 22844
- d. Facility location:  
Street or Route #: 1800 Endless Gains Rd 1.5 miles South of US Rt 11  
County: Bedford  
City or Town: Blue Creek State: VA Zip: 22844
- e. Is this facility a Class I sludge management facility? Yes ☒ No
- f. Facility design flow rate: 1000 and mgd
- g. Total population served: approx 600
- h. Indicate the type of facility:  
☐ Publicly owned treatment works (POTW)  
☒ Privately owned treatment works  
☐ Federally owned treatment works  
☐ Blending or treatment operation  
☐ Surface disposal site  
☐ Other (describe): \_\_\_\_\_

1800 Endless Gains Rd

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: \_\_\_\_\_
- b. Mailing address:  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_
- d. Is the applicant the owner or operator (or both) of this facility?  
☒ owner ☒ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)  
☒ facility ☐ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0071846
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes ☒ No If yes, describe:

VA0071846

FACILITY NAME: Fallen LeavesVPDES PERMIT NUMBER: 4000000

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
  - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No  
If yes, provide the following for each contractor (attach additional pages if necessary).

Name: will be prep and loaded Contractor TBD  
Mailing address: \_\_\_\_\_  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge: \_\_\_\_\_

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

☒ Section A (General Information)  
☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)  
☐ Section C (Land Application of Bulk Sewage Sludge)  
☐ Section D (Surface Disposal)

FACILITY NAME: Endless Caverns

VPDES PERMIT NUMBER: VA0071846

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Tina L. Thompson GM

Signature [Signature] Date Signed Jan 27, 2011

Telephone number 540-896-2288

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: Wells Farms

VPDES PERMIT NUMBER: VA0071846

SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION  
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: 0 dry metric tons

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. N/A

- a. Facility name: \_\_\_\_\_  
b. Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
c. Mailing address: \_\_\_\_\_  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
d. Facility Address: \_\_\_\_\_  
(not P.O. Box) \_\_\_\_\_

- e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons  
f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Treatment Provided at Your Facility.

- a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?  
\_\_\_\_ Class A \_\_\_\_ Class B ☒ Neither or unknown  
b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Aerobic Digestion Prior to Removal to HERSA Sewer Authority  
Slp in Mount Pleasant  
c. Which vector attraction reduction option is met for the sewage sludge at your facility?  
\_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)  
\_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)  
\_\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)  
\_\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
\_\_\_\_ Option 5 (Aerobic processes plus raised temperature)  
\_\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)  
\_\_\_\_ Option 7 (75 percent solids with no unstabilized solids)  
\_\_\_\_ Option 8 (90 percent solids with unstabilized solids)  
☒ None or unknown  
d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Aerobic Digestion prior to removal to HERSA  
Sewer Authority Slp in Mount Pleasant  
e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).

(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:  
\_\_\_\_\_ dry metric tons  
b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?



FACILITY NAME: Endless ColorsVPDES PERMIT NUMBER: VA00000040☐ Yes ☒ No

## 5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.) NA

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: \_\_\_\_\_ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

## 6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: HRSA-STV DMt. Cr. Bldg
- b. Facility contact: Sharon Foley  
Title: Facilities Director  
Phone: (434) 24-1053
- c. Mailing address:  
Street or P.O. Box: PO Box 8  
City or Town: Mt. Clefane State: VA Zip: 22841
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 15-20 dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:

Type of Permit:

VA00000040CRA Sludge PermitVA00000037BIO Solid Use Permit

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ☒ Yes ☐ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

☒ Class A ☒ Class B ☐ Neither or unknownDescribe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Composting + Anaerobic Digestion

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ☒ Yes ☐ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- ☒ Option 1 (Minimum 38 percent reduction in volatile solids)
- ☐ Option 2 (Anaerobic process, with bench-scale demonstration)
- ☐ Option 3 (Aerobic process, with bench-scale demonstration)
- ☐ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- ☐ Option 5 (Aerobic processes plus raised temperature)
- ☐ Option 6 (Raise pH to 12 and retain at 11.5)
- ☐ Option 7 (75 percent solids with no unstabilized solids)
- ☐ Option 8 (90 percent solids with unstabilized solids)
- ☐ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: Anaerobic Digestion

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above? ☒ Yes ☐ No

If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

Biogas, Dewatering, Lagoons Storage

- i. If you answered yes to f, g or h above, attach a copy of any information you provide to the receiving facility

FACILITY NAME: Endless Concre

VPDES PERMIT NUMBER: VA00071846

to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes ☒ Yes ☐ No  
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.  
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Hwy 1 Route

7. Land Application of Bulk Sewage Sludge N/A

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:        dry metric tons
- b. Do you identify all land application sites in Section C of this application? Yes ☐ Yes ☐ No  
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? Yes ☐ Yes ☐ No  
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal: N/A

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites:        dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? Yes ☐ Yes ☐ No  
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:         
Title:         
Phone: (     )         
Contact is: ☐ Site Owner ☐ Site operator
- e. Mailing address:         
Street or P.O. Box:         
City or Town:        State:        Zip:
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site:        dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:  
Permit Number:        Type of Permit:

9. Incineration: N/A

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

FACILITY NAME: Endless Caverns

VPDES PERMIT NUMBER: VA0071846

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: \_\_\_\_\_ dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?  
\_\_\_\_ Yes \_\_\_\_ No
- If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number: \_\_\_\_\_
- d. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Contact is: \_\_\_\_ Incinerator Owner \_\_\_\_ Incinerator Operator
- e. Mailing address.  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: \_\_\_\_\_ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Disposal in a Municipal Solid Waste Landfill. NA

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name: \_\_\_\_\_
- b. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Contact is: \_\_\_\_ Landfill Owner \_\_\_\_ Landfill Operator
- c. Mailing address.  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Landfill location.  
Street or Route #: \_\_\_\_\_  
County: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill: \_\_\_\_\_ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?  
\_\_\_\_ Yes \_\_\_\_ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? \_\_\_\_ Yes \_\_\_\_ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? \_\_\_\_ Yes \_\_\_\_ No  
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. \_\_\_\_\_  
\_\_\_\_\_

## FACILITY NAME AND PERMIT NUMBER:

Endless Caverns LLC VA 0071846

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

## PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.5 of this Basic Application Information packet.

## A.1. Facility Information.

Facility name Endless Caverns, LLC

Mailing Address 1800 Endless Caverns Rd  
New Market, VA 22844

Contact person Travis E Thompson

Title GM

Telephone number (540) 896-9494

Facility Address 1800 Endless Caverns Rd  
(not P.O. Box) New Market VA 22844

## A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☒ facility ☐ applicant

## A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0071846

PSD \_\_\_\_\_

UIC \_\_\_\_\_

Other \_\_\_\_\_

RCRA \_\_\_\_\_

Other \_\_\_\_\_

## A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>RV Park</u>	<u>600</u>	<u>gravity - separate</u>	<u>Endless Caverns, LLC</u>
_____	_____	_____	_____
_____	_____	_____	_____

Total population served \_\_\_\_\_



FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility.

NA mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

Yes

No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

**A.9. Description of Outfall.**

- a. Outfall number 001
- b. Location Rt 793 Approx 1.5 miles South of Rt 11 1800 Endless Caverns Road 701  
(City or town, if applicable) (Zip Code)  
Rockingham Virginia  
(County) (State)  
N38 35.963' W 78 40.694'  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) n/a ft.
- d. Depth below surface (if applicable) n/a ft.
- e. Average daily flow rate n/a mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: Daily
- Average duration of each discharge: 15-18 hrs
- Average flow per discharge: est. 0.015-0.0250 mgd
- Months in which discharge occurs: 0
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water Smith Creek
- b. Name of watershed (if known) \_\_\_\_\_
- United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): \_\_\_\_\_
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_
- d. Critical low flow of receiving stream (if applicable):  
acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

## A.11. Description of Treatment.

- a. What levels of treatment are provided? Check all that apply.

☒ Primary☒ Secondary☐ Advanced☐ Other. Describe: \_\_\_\_\_

- b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal

90-95 %

Design SS removal

90-95 %

Design P removal

\_\_\_\_\_ %

Design N removal

\_\_\_\_\_ %

Other \_\_\_\_\_

\_\_\_\_\_ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

U.V.

If disinfection is by chlorination, is dechlorination used for this outfall?

☒

Yes

☐ No

- d. Does the treatment plant have post aeration?

☒

Yes

☐ No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: New facility, hasn't been used

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)		S.U.			
pH (Maximum)		S.U.			
Flow Rate					
Temperature (Winter)					
Temperature (Summer)					

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

## CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5						
FECAL COLIFORM							
TOTAL SUSPENDED SOLIDS (TSS)							

**END OF PART A.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**



FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

### PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

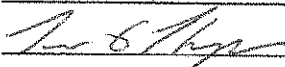
☐ Part G (Combined Sewer Systems)

### ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Travis E Thompson

Signature

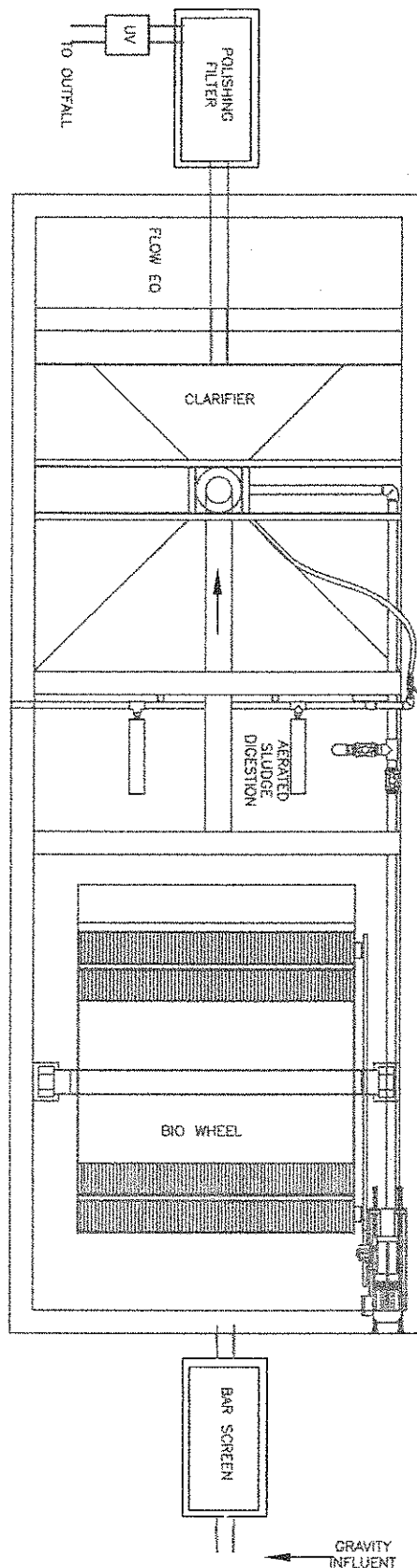


Telephone number (540) 896-9494

Date signed 06/23/2011

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:



# BLACKWELL ENGINEERING

566 EAST MARKET STREET  
HARRISONBURG, VA 22801

Phone: (540) 432-9555

FAX: (540) 434-7604

E-Mail: BE@BlackwellEngineering.com

# WASTEWATER TREATMENT ENDLESS CAVERNS LLC

SCALE  
NTS

DATE:  
4-20-06

DESIGNED BY:  
RCB

DRAWN BY:  
TWW

CHECKED BY:  
RLB III

PROJECT #:  
5711-06

SHEET

—

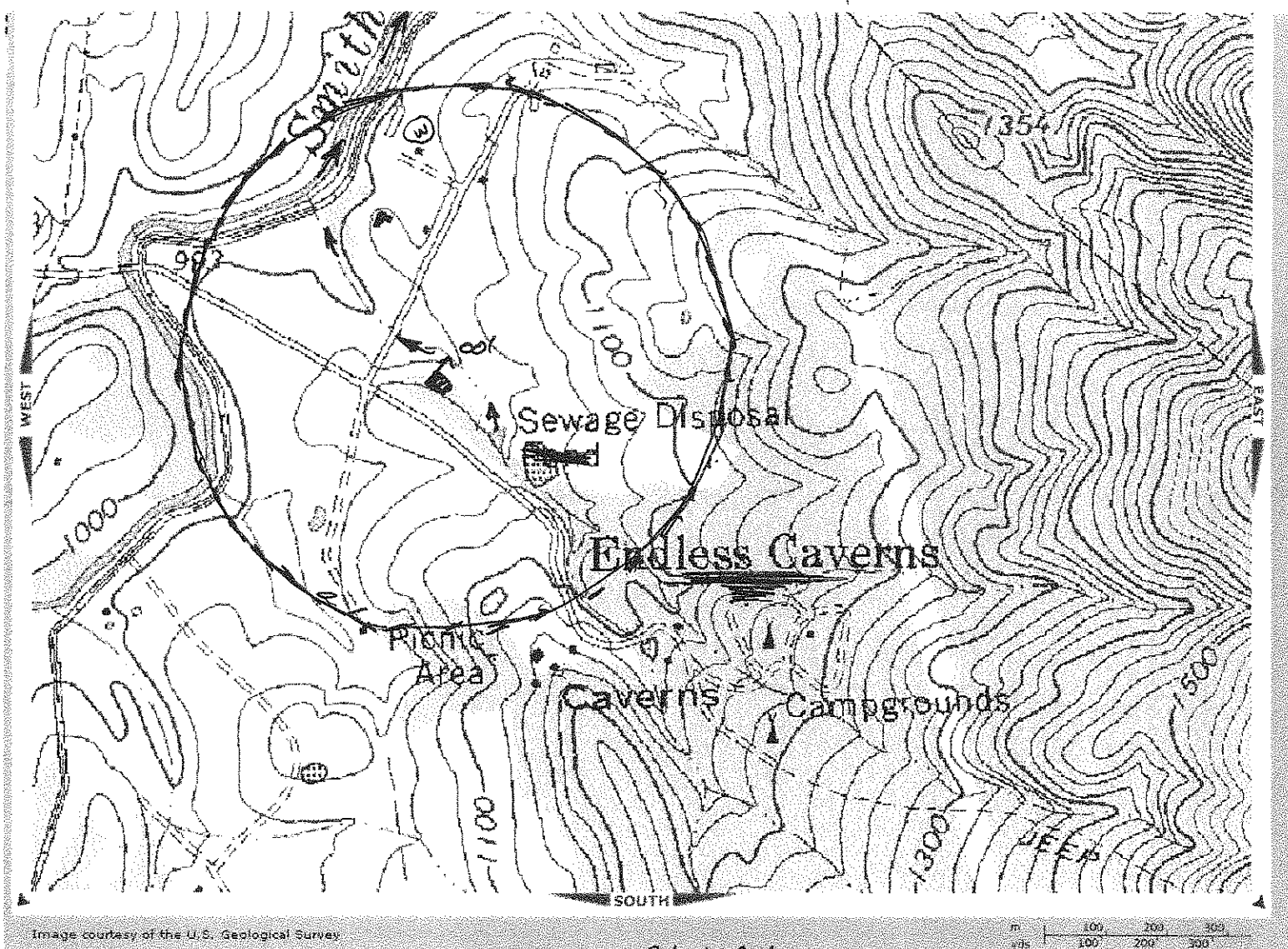


Image courtesy of the U.S. Geological Survey

ENDLESS CAVERNS

~  $\frac{1}{4}$  MILE

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in Daily News Record in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed:

Accounts Receivable

Owner:

Agent/Department Address:

43 Putnam St, Suite 201  
Saratoga Springs NY 12864

Agent's Telephone No.:

(518) 415-0552

Printed Name:

Travis E Thompson

Authorizing Agent - Signature:

T. E. Thompson

Date:

July 6, 2011

VPDES Permit No. VA0071846  
Endless Caverns STP

VPDES/VPA Permit Billing Information Form  
for Annual Maintenance Fee

Facility Name: Endless Caverns

Permit Number: VA0071846

Owner Name: Endless Caverns LLC

Owner Address: 123 Putnam St, Suite 201  
Saratoga Springs NY 12804

Billing Contact Name: Tanya Potter

Title: Accounts Payable

Phone Number: (518) 415-0552

E-Mail Address: tanya.potter@marpmanagement.com